Symptom Record

Name		Relationship to case		Address			County	Phone(s)
DOB://	Date	monito	ring starts:/Da			te monitoring ends:/		
<u>Instructions:</u> At least once per day, fill in one row below. Your Health Department contact will check in with you regularly to ask about this record. If you have questions, call (206) 296-1100.								
Date and Time	Check the	symptoms that					fe	old you take medications for ever or respiratory symptoms oday? If yes, please list.
Date: / / Time: : □a.m. □p.m.	□Cough □Shortnes □Difficulty	ss of breath breathing	□Head □Musd □Diarr	cle aches	□Sore throat □Runny nose □Chills □Fever Temperature:°F]No]Yes:
Date: / / Time: : □a.m. □p.m.	□Cough □Shortnes □Difficulty	ss of breath horeathing		adache Sore throat uscle aches Runny nose arrhea Chills Fever Temperature:]No]Yes:
Date: / / Time: : □ a.m. □ p.m.	□Cough □Shortnes □Difficulty	ss of breath breathing	☐ Headache ☐ Muscle aches ☐ Diarrhea		☐Sore throat ☐Runny nose ☐Chills ☐Fever Temperatu	re:]No]Yes:
Date: / / Time: : □ a.m. □ p.m.	□Cough □Shortnes □Difficulty	ss of breath breathing	□Head □Musd □Diarr	cle aches	□Sore throat □Runny nose □Chills □Fever Temperatu	re:]No]Yes:
Date: / / Time: : □ a.m. □ p.m.	□Cough □Shortnes □Difficulty	ss of breath breathing	☐Head ☐Musd ☐Diarr	cle aches	□Sore throat □Runny nose □Chills □Fever Temperatu	re:]No]Yes:
Date: / / Time: : □ a.m. □ p.m.	Cough Shortness of breath Difficulty breathing		□Head □Musd □Diarr	cle aches	☐Sore throat ☐Runny nose ☐Chills ☐Fever Temperatu	re:]No]Yes:
Date: / / Time: : □ a.m. □ p.m.	Cough Shortness of breath Difficulty breathing		□Head □Musd □Diarr	cle aches	☐Sore throat ☐Runny nose ☐Chills ☐Fever Temperatu	re:]No]Yes:
Date: / / Time: : □ a.m. □ p.m.	Cough Shortness of breath Difficulty breathing		☐Head ☐Musd ☐Diarr	cle aches	☐ Sore throat ☐ Runny nose ☐ Chills ☐ Fever Temperatu	re:]No]Yes:
Date: / / Time: : □ a.m. □ p.m.	Cough Shortness of breath Difficulty breathing		☐Head ☐Musd ☐Diarr	cle aches	☐Sore throat ☐Runny nose ☐Chills ☐Fever Temperature:]No]Yes:
Date: / / Time: : □ a.m. □ p.m.	☐Cough ☐Shortness of breath ☐Difficulty breathing		☐Head ☐Musd ☐Diarr	cle aches	□Sore throat □Runny nose □Chills □Fever Temperature:]No]Yes:
Date: / / Time: : □a.m. □p.m.	Cough Shortness of breath Difficulty breathing		☐Head ☐Musd ☐Diarr	cle aches	□ Sore throat □ Runny nose □ Chills □ Fever Temperature:]No]Yes:
Date: / / Time: : □a.m. □p.m.	☐Cough ☐Shortness of breath ☐Difficulty breathing		☐Head ☐Muse ☐Diarr	cle aches	□ Sore throat □ Runny nose □ Chills □ Fever Temperature:]No]Yes:
Date: / / Time: : □a.m. □p.m.	□Cough □Shortnes □Difficulty	ss of breath breathing	☐Head ☐Musd ☐Diarr	cle aches	☐ Sore throat ☐ Runny nose ☐ Chills ☐ Fever Temperatu	ıre:]No]Yes: